

State of Maine
Office of Attorney General
Consumer Protection Division
Consumer Mediation Service
6 State House Station
Augusta, ME 04333-0006

G. STEVEN ROWE,
Attorney General

COMPLAINT FORM MOTOR VEHICLE

Complaint #
Mediator
PDF

Please answer the questions below as completely as possible and **include copies** of your bills, contracts, estimates, receipts, warranty, advertisements, etc. **Do not send originals. Please print neatly or type.**

Name Of Business Complaint Is To Be Filed Against

Name of Consumer

Name of Business: _____
Address: _____
City: _____ State: _____ Zip: _____
Tel: _____
Fax: _____
Email: _____

Your Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Tel: Work _____ Home _____
Fax: _____
Email: _____

Manufacturer

Name of Manufacturer: _____
Address: _____
City: _____ State: _____ Zip: _____
Tel: _____
Fax: _____
Email: _____

My complaint involves:

New vehicle: _____	Make: _____
Used vehicle: _____	Model: _____
Leased vehicle: _____	Year: _____
Rental vehicle: _____	Vin: _____
Repairs: _____	Mileage at purchase: _____
Other: _____	Current mileage: _____

Date of Transaction: _____ Price: _____ Name of Person you dealt with: _____
Was the service or product advertised? Yes ___ No ___ If yes, was the advertisement accurate? Yes ___ No ___
Did you sign a contract? Yes ___ No ___
Did you receive a warranty? Yes ___ No ___
Did you buy an extended warranty or service contract? Yes ___ No ___
Did you pay a document fee? Yes ___ No ___ Was the amount posted on the vehicle? Yes ___ No ___ Amount posted was \$ _____

USED VEHICLE:

Did the dealer display the following stickers on the car?

Valid Inspection Sticker: Yes ___ No ___
If yes, give expiration date: _____
Unsafe Motor Vehicle Sticker: Yes ___ No ___
Used Vehicle Buyer's Guide: Yes ___ No ___
Did you receive a copy of the Used Vehicle Buyer's Guide? Yes ___ No ___
Did the Buyer's Guide accurately describe all serious damage or repairs? Yes ___ No ___
Could the vehicle pass the state inspection when it was sold to you? Yes ___ No ___

REPAIR OF VEHICLE:

Date(s) of repair: _____ Number of days in the garage for repair: _____
Number of times repaired for the same problem _____
Did you receive a written estimate? _____. Did you leave a written limit for the cost of the repair? _____
Dollar amount of estimate: _____ Final repair cost: _____

PLEASE COMPLETE THE OTHER SIDE

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Today's date: _____ **Your Signature:** _____

Under 19() 20-29() 30-39() 40-49() 50-59() 60-69() 70-79() 80-89() 90 plus()